



Motor Vehicle Division

96-0329 R06/13

www.azdot.gov

Mail Drop 515M  
Driver Services  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## PROFESSIONAL DRIVER TRAINING INSTRUCTOR APPLICATION

- Print or type
- Answer all questions
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for a license to engage in the following Professional Driving School (PDS) activities. A\$10.00 fee is required for **each training activity**.

### PDS Activities

- ☐ Adaptive    ☐ Motorcycle    ☐ Operator (Class D/G)    ☐ Traffic Survival
- ☐ CDL Driver Training (indicate license class: A = Class A, B and C; B = Class B and C; C = Class C only):
- ☐ Truck \_\_\_\_    ☐ Coach-Transit Bus \_\_\_\_    ☐ School Bus \_\_\_\_

Applicant Name (first, middle, last, suffix)

Additional Names/AKA's (maiden, prior name, nickname, professional name, other)

Residence Address

City

State

Zip

Mailing Address (if different from above)

City

State

Zip

Daytime Telephone

(    )

Date of Birth

AZ Driver License Number

Class

Endorsements

Expiration Date

Company Name (official name of licensed school where you will be an instructor)

MVD School Number

1. ☐ Yes ☐ No Have you ever been employed by an Arizona MVD Authorized Third Party or Professional Driving School?

1a. If Yes, please complete the following, beginning with the most recent.

Company Name	Office Location	Dates Employed
Reason For Leaving		

Company Name	Office Location	Dates Employed
Reason For Leaving		

Company Name	Office Location	Dates Employed
Reason For Leaving		

1b. If Yes, mark all activities for which you were certified by MVD to perform:

<b>Driver License Examiner</b> <input type="checkbox"/> CDL Skills Test <input type="checkbox"/> Operator Written Test <input type="checkbox"/> Operator Road Test <input type="checkbox"/> Motorcycle Written Test <input type="checkbox"/> Motorcycle Road Test	<b>Application Processor</b> <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License (Road and Written, and Application)* <input type="checkbox"/> Transport System (Permits) <input type="checkbox"/> Other (specify):	<b>Vehicle Inspector</b> <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles
<b>PDS Activities</b> <input type="checkbox"/> Adaptive <input type="checkbox"/> Motorcycle <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Traffic Survival <input type="checkbox"/> Commercial Driver License		

2. ☐ Yes ☐ No Have any of the certifications listed in #1b ever been denied, canceled or suspended? If Yes, explain.

Explain

3. ☐ Yes ☐ No Has your driving privilege ever been suspended, revoked, canceled, disqualified or denied? If Yes, explain.

Explain

4. ☐ Yes ☐ No Within the past 5 years, have you had a **similar license revoked** in this or any other state? If Yes, complete the following.

Applicant Name (first, middle, last, suffix)		Year License Was Revoked
Business Name		
State	Country	

5. ☐ Yes ☐ No Within the last 39 months, have you received a conviction related to driving under the influence of drugs or alcohol, reckless driving, aggressive driving, racing on a highway or leaving the scene of an accident? (If Yes, or if a review of your record reveals a conviction within the last 39 months, your application will be denied.)

### Documentation

Submit the following with this application. **Additional information** may be required after review of this application.

1. A statement, on sponsoring school letterhead, certifying that you have:
  - a. Completed at least 100 hours of combined classroom and in-car training (does not apply to Traffic Survival instructors)
  - b. No outstanding traffic warrants
  - c. Met all requirements to teach at a professional level
2. Three character references letters
3. Copy of the Traffic Survival School Certificate of Completion (Traffic Survival instructors only)
4. Your driver license records covering the last 39 months. The records must be dated within 5 days of the date of this application.

### Certification

I certify that all information provided is true and correct, and that the copy of the fingerprint clearance card submitted is a true and exact copy of the original. I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Applicant Signature	Date
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I hereby request certification for the above applicant. In the event that this instructor is no longer employed with this company, I will notify MVD within 10 days.

Authorized Company Name		Telephone ( )	
Representative Name (first, middle, last, suffix)	Representative Signature		Date